



EMPLOYEE INFORMATION	
Client Number:	
Employee Name:	
Employee SSN:	

EMPLOYEE NEW HIRE DOCUMENTATION

This document is not intended for use as an application for employment.

This form must be completed for each Assigned Employee at the time of hire with SOI. The Assigned Employee is not accepted or covered by Worker’s Compensation by SOI until all completed forms have been received by SOI. **This New Hire package should be submitted on or before the employee’s first day of employment. The original 8850 Prescreening Notice must be submitted to SOI within 10 days of hire.**

Employee Instructions for Completing this New Hire Package.

- Please complete this package in its entirety and do not leave anything blank.
 1. Contact & Resident Information (Section 1)
 2. W-4 Employee’s Withholding Allowance Certificate
 3. I-9 Employment Eligibility Verification
 4. Assigned Employee Acknowledgements
 5. 8850 Prescreening Notice (Front and Back)
 6. Tax Credit Questionnaire

- Instructions for completing the I-9 are available upon request.
- This package requires your signature in four places.

Client Work-site Manager/Supervisor Instructions for completing this New Hire Package.

A conditional offer of employment must be made prior to the completion of this package. Please utilize the SOI Application for Employment for pre-employment purposes.

- Verify signature blocks are complete and dated in appropriate sections.
- Verify W-4 Employee’s Withholding Allowance Certificate is properly completed.
- Where applicable, state withholding forms are available from SOI. Verify proper completion and forward to SOI.
- Verify I-9 Employment Eligibility Verification is complete by your company’s authorized representative. Visually verify documentation and supply a photocopy of the employment eligibility documentation supplied by the employee.
- Complete required data of SECTION 2 – PAYROLL DATA, sign and date.
- Fax the completed New Hire Package to your assigned payroll specialist on or before the employee’s first day of employment.
- **Complete and Mail the original 8850 Prescreening Notice form and the Tax Credit Questionnaire to:** SOI Tax Department, PO Box 241448 Charlotte NC 28224 within 10 days of hire.



SECTION 1 –EMPLOYEE DATA
Employee must complete all items– **PLEASE PRINT**

Social Security# _____ Date of Birth (mm/dd/yyyy) _____

EMPLOYEE NAME: (as it appears on your Social Security Card)

First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip Code _____

Taxing Jurisdiction Data: Resident County Name _____ School District # _____
Do you live inside or outside the city limits? _____ (Required for residents of KY, OH, and PA)
If you live in a Township or Borough, please list Township or Borough _____

Home Phone (Include Area Code): _____ Alt No. (Include Area Code) _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____ Relationship: _____

Phone (Include Area Code): _____ Alt. Number (Include Area Code) _____

EQUAL OPPORTUNITY DATA: (answer these questions about YOU)

Race/National Origin: White Black or African-American Hispanic or Latino Asian
 American-Indian or Alaska Native Native Hawaiian or Other Pacific Islander Two or More Races

Gender: Male Female

SECTION 2 – PAYROLL DATA
Manager or supervisor must complete all items – **PLEASE PRINT**

THIS INFORMATION MUST BE COMPLETED IN ORDER FOR THE EMPLOYEE TO BE PROCESSED

Client Company Name: _____ Client Number: _____

Date of Client Hire: _____ Effective SOI Hire Date _____ Check One: New Hire Rehire

Location/Branch: _____ Department: _____ Worker’s Comp Class Code: _____

Position: _____ Job Title: _____

Benefits Employee Type Class: _____ Job ID: _____ Check Sort: _____

EEO Job Category: Executive/ Sr Level Manager First/Mid-Level Manager Professional Technician
 Sales Worker Administrative Support Workers Craft Worker Operatives Laborers and Helpers
 Service Worker

Pay Frequency	Pay Type	Rate of Pay	Status
<input type="checkbox"/> Weekly	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ _____ per period \$ _____ Annual	<input type="checkbox"/> Full Time
<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Salaried Non-Exempt	<input type="checkbox"/> Standard Rate Rate \$ _____ per _____	<input type="checkbox"/> Part Time
<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Salaried Exempt	<input type="checkbox"/> Shift Pay Rate \$ _____ per _____	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Monthly	<input type="checkbox"/> Commissions	<input type="checkbox"/> Piece Work Rate \$ _____ per _____	<input type="checkbox"/> Temporary
	<input type="checkbox"/> Piece Work	<input type="checkbox"/> Other _____ Rate \$ _____ per _____	Check all that apply

***Please furnish us with information on other applicable rates of pay.

I understand that the employee status is not active until all completed forms are received by SOI and its affiliates.

Authorized Supervisor or Manager Sign Here _____
Authorized Supervisor or Manager’s Title _____ **Date** _____

Form W-4 (2010)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if: } **B** _____

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit **F** _____

(Note. Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
- If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **G** _____

H Add lines A through G and enter total here. **(Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** _____

For accuracy, **complete all worksheets that apply.** }

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2010
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

1 Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) **1** \$ _____

2 Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____

3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____

4 Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) **5** \$ _____

6 Enter an estimate of your 2009 nonwage income (such as dividends or interest) **6** \$ _____

7 **Subtract** line 6 from line 5. If zero or less, enter “-0-” **7** \$ _____

8 **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction **8** _____

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” **2** _____

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____

Note. If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet **4** _____

5 Enter the number from line 1 of this worksheet **5** _____

6 **Subtract** line 5 from line 4 **6** _____

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____

8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____

9 Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

A citizen of the United States

A noncitizen national of the United States (see instructions)

A lawful permanent resident (Alien #) _____

An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month/day/year*)

Employee's Signature _____ Date *(month/day/year)* _____

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ and that to the best of my knowledge the employee is authorized to work in the United States. *(State employment agencies may omit the date the employee began employment.)*

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date *(if any)*: _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

	OR	
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	4. Voter's registration card	
	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

SECTION 3 -- ASSIGNED EMPLOYEE ACKNOWLEDGMENTS

Strategic Outsourcing, Inc. and/or one of its subsidiaries (SOI) and the business for which you perform services (Company) are parties to an agreement under which SOI provides services to Company. As part of this arrangement you will be paid as an assigned employee through SOI for work you perform for and under the direction of Company, and you may also be able to participate in certain benefits offered through SOI. No modification to this page as originally written will be effective. Please sign below:

I understand that: Discrimination and harassment in employment based on age, race, sex, national origin, ethnicity, disability, disabled veteran status, religious or comparable moral belief, union affiliation, or any other legally protected status is prohibited, and sexual harassment in connection with employment is prohibited. Sexual harassment can include any unwelcome touching, comments, telephone or computer communications, or other behavior of a sexual nature, when submitting to such conduct is either explicitly or implicitly a term or condition of employment, is used as the basis for employment decisions, interferes with job performance, or creates an intimidating, hostile, or offensive working environment. Disabled persons may request reasonable accommodations from Company to enable them to perform the essential functions of their jobs. Retaliation for opposing or complaining about illegal discrimination and harassment, underpayment of wages, legally-mandated leave and related rights, or any other matter protected by anti-retaliation or "whistle blower" laws is prohibited.

I must immediately report any illegal discrimination, harassment, retaliation, or failure to grant legally-mandated leave (such as FMLA or military leave) and rights in connection with such leave, by or against anyone in my workplace to my supervisor. I also agree to immediately report if I believe I have not been paid properly (including for overtime, break time, or for any other reason); if I do not promptly report my disagreement with the amount of pay I received, I understand Company and SOI may assume I agree that I received the correct amount of pay. If I do not receive satisfactory resolution from my supervisor, I will continue to report it up the chain of authority until I receive satisfactory resolution. I may skip a level and report to the next highest level if I am for any reason unable or uncomfortable addressing such matters with any person. I also will report violations of discrimination and harassment policies, any unlawful retaliation, any underpayment of wages, and any failure to grant legally-mandated leave and related rights, to SOI's Human Resources department; I understand that SOI cannot determine Company's response to such matters, but SOI can facilitate communication between me and Company regarding them. Additional procedures may be in place at Company and if so I will follow them as well. I must fully and truthfully cooperate in any investigations of complaints.

I and SOI mutually agree that any legal dispute involving SOI, Company, or any benefit plan, insurer, employee, officer, or director of SOI or Company arising from or relating to my employment, wages, leave, employee benefits, application for employment, or termination from employment will be resolved exclusively through binding arbitration before a neutral arbitrator heard in the capital or largest city of the state in which I work or another mutually agreed location. The arbitrator will be appointed according to the rules of a neutral, mutually agreeable, commercially reasonable arbitration service, have the authority to grant the same remedies that would be available in a court of law (and no more), and be bound by the same rules of evidence as a federal court. The arbitrator will resolve the dispute solely upon the law applicable to the claims, evidenced adduced, and defenses raised, granting relief on no other basis, and may grant summary disposition or disposition on the pleadings. The arbitrator will render a reasoned written decision, and if an applicable statute requires fees or costs to be shifted the arbitrator can enforce such requirements. If a matter is heard in court and not arbitration for any reason, **I and SOI mutually waive any right to a jury trial.** Nothing herein prohibits me from complaining to government agencies or cooperating with their investigations as authorized by law. No failure to strictly enforce this agreement to arbitrate will constitute a waiver or create any future waivers and no-one other than counsel for SOI may waive this agreement for SOI, and then only in writing. This agreement to arbitrate is enforceable as a contract under the Federal Arbitration Act and any other laws validating arbitration agreements. If any part of it is invalid or unenforceable for any reason, the remainder of this agreement to arbitrate will still be enforceable.

I have received the SOI Assigned Employee Handbook. My relationship with SOI is at will and can terminate at any time for any reason or no reason. Neither this Acknowledgment nor the Handbook creates a contract of employment. The Handbook can be altered, discontinued, and interpreted by SOI at any time without notice or consideration. Nothing herein alters the collective bargaining agreement as between Company and any union but SOI is not a party to such agreements. If I am a California employee I have received the following documents; "Notice to Employees-Injuries Caused by Work," "Employee Initial Medical Provider Network (MPN) Notice," "Continuity of Care Policy," and "Paid Family Leave Brochure."

If I am injured on the job, even if the injury is minor or I don't want treatment, I must immediately report it to my supervisor and take a post-accident drug/alcohol test at a facility approved by SOI unless such tests are prohibited by applicable law. I will be working at a drug free workplace and may be subject to additional testing such as random or reasonable suspicion testing. Refusal to take a required test can result in termination subject to applicable law. Being under the influence or in possession of alcohol or illegal controlled substances on the job or otherwise being in an unsafe condition on the job is prohibited and may result in termination of employment.

SOI is not responsible for any obligation Company has to me such as promises or contracts regarding length or terms of my employment, my pay or other consideration, or benefits offered by Company. If Company breaches a promise or contract, or if Company fails to pay SOI all monies due under its agreement with SOI, in no event will SOI be required to pay me more than the minimum wage required by law while the agreement with Company was in force. Any obligations of SOI cease when the agreement with Company terminates.

If I am eligible for any benefits it is my responsibility (and the responsibility of any family members/dependents who wish to participate) to timely submit all required forms and information.

I understand I may request a copy of these Acknowledgments for my records, and I have read them (or had them read to me) and agree:

Signature

Printed Name

Date

This page was meant to be blank.



Authorization for Payroll Direct Deposit

Please complete, sign and return this form along with proof of account(s) to SOI for processing.

Client Name _____ Client Number _____ Client Location _____

Employee Name _____ Social Security Number ____ - ____ - _____

As an Assigned Employee of SOI, you have the option and convenience of having all, or a portion of your paycheck deposited directly into your bank account(s).

You may direct deposit your pay in up to three designated accounts which can vary into checking, savings or investment accounts. In order to direct deposit your pay check, your financial institution must be a member of the Automated Clearinghouse (ACH) system and you must be an owner on the accounts into which the funds will be deposited. We may request you provide additional information to validate account ownership.

The following section requires the designation of your pay into your accounts. This designation remains the same for each pay period; a change would require a new form. Indicate the type and the specific account information.

Form with three account sections. Each section includes: Type (New, Add an additional Acct., Change in amount, Change in Financial Institution, Discontinue/stop), Financial Institution Name, Routing/ABA #, Account #, and checkboxes for Checking/Investment, Savings, Net Pay or %, and Amount \$.

Please attach one of the following preprinted documents as verification for account ownership and routing information:
• Preprinted check (No Starter Checks)
• Preprinted Financial Institute Card
• Copy of a Bank Statement
• Letter on Bank Letterhead

** The Financial Institution's name, the employee's name and account number must all be preprinted on the document. Routing/ABA numbers must be included but can be handwritten.

NOTE: If you are indicating a change to account(s), you will receive a live check until the new account(s) prenote and direct deposit begins.

*Routing/ABA numbers can not start with a 5 or an 8 as sometimes found on internal deposit slips.

Incomplete or unacceptable information will delay the activation of your direct deposit. Direct deposit may take up to two pay periods for activation due to the prenote process. Once activated, direct deposit will occur each pay period. Failure to notify SOI promptly of a closed account may result in the rejection of the deposit and a delay in your pay. SOI may need to reissue your pay in another form of payment.

When making changes to your current direct deposit information it may cause you to receive a live check until the prenote process is complete, which may take up to two pay periods for activation.

I hereby authorize SOI to deduct from my paycheck the designated amounts noted above and direct deposit those funds each pay period. All paychecks will be deposited (regular payroll, commission, bonus, vacation, per diem, etc.) In the event of an error, SOI is authorized to make corrections and initiate adjustments. I understand that a request for change is required in writing and that it may take up to 30 days before the new request is activated.

Employee Signature

Date